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NOTES FROM THE MEDICAL PRESS



IN CHARGE OF
ELISABETH ROBINSON SCOVIL

HARMFUL AND BENEFICIAL EFFECTS OF FEVER TEMPERATURE IN INFECTIOUS DISEASES.—The *New York Medical Journal*, quoting from a German contemporary says: Rolly, in his experiments with animals infected with pneumococci, staphylococci, colon bacilli, and pyocyaneus bacteria, found that an increased temperature exerted a favorable influence upon the course of the disease and increased the phagocytosis. He also found that the vasomotor weakness was caused by the infection itself and not by the rise in temperature. Agglutinin is produced more rapidly and in greater quantities in rabbits when the animals are kept in a room 11° to 13° C. hotter than another containing the control animals, and the production of antitoxin and of bacteriolysin is favored by the fever temperature. Finally he declared that, taken all in all, the increase of temperature, if within moderate limits, is a process which presents more beneficial than harmful effects. We recognize in the onset of the rise in temperature the endeavor on the part of the organism to throw out more quickly and efficiently the bacteria that have entered, or the poisonous material, or to neutralize the latter.

OLDEST HUMAN SKELETON.—Reinhardt describes in the *Münchener Medizinische Wochenschrift* a skeleton recently discovered which is supposed to be that of a prehistoric man, older than any other now known.

EXERCISE IN PULMONARY TUBERCULOSIS.—In the *Boston Medical and Surgical Journal* B. Swayne Putts extols the value of "working colonies," such as exist in some of the English sanatoria. The objects of these colonies were (1) to bring the patients, under careful medical supervision, to such a physical condition that when they return to work again the change will be so slight that their lungs will not be affected; (2) to instruct many patients in a new (to them) occupation, which they follow after leaving the institution and which promises to be more conducive to health than their previous employment, and (3) to utilize the economic value to institutions by having the patients do work which will bring in returns. In introducing such a system, patients should begin on light work and gradually increase in time spent and in the

severity of the work up to the limit of safety. In considering exercise we should consider it with reference to the lungs alone and then with reference to the whole body. We have the right to consider exercise separately, for the reason that we have factors whose effects are limited, essentially, to the movements of the lungs. When we place a patient in bed for a long period we are allowing the muscles to atrophy and are thus interfering with convalescence by destroying part of one of the largest organs and one second only to the liver in the nitrogenous metabolism. Some moderately febrile patients can work with benefit. In some tuberculous patients the heat-regulating centres are abnormally sensitive. Besides the actual increase on the lung disease as a cause for fever, we should consider as a potent factor the actual heat produced during exercise by muscular contractions and increased circulation, and as well the chemical changes which normally are the chief source of body temperatures. Each case must be treated individually.

THE PREVENTION OF TYPHOID FEVER.—An interesting article by C. W. G. Rohrer in the *Maryland Medical Journal* is thus summarized: (1) Typhoid fever is both infectious and contagious. The old dogma that typhoid fever is infectious but not contagious has slain its thousands and tens of thousands. (2) Two-thirds of the cases of typhoid fever are due to infected water supplies, one-sixth of the cases are due to infected milk, and the remaining one-sixth to flies, direct contact, and other means of contagion. (3) In the United States 50,000 persons annually are massacred by typhoid fever. In the state of Maryland alone nearly 500 deaths each year are due to typhoid fever. (4) Every case of typhoid fever comes from a pre-existing case of typhoid fever; hence complete and thorough disinfection of all excreta is the first step toward prevention. By so doing we strike at the fountain head of the disease. (5) "Food, fingers, and flies" offers an alliterative explanation of much of the hitherto unaccounted-for typhoid fever—the so-called prosodemic typhoid. (6) When typhoid fever is raging there is safety in boiled water, pasteurized milk, and cooked vegetables and fruit. Pasteurized milk is heated to 160° F., kept at that temperature for ten or fifteen minutes, and then quickly cooled.

BATHING WITHOUT WATER.—The *New York Medical Journal* in an editorial recommends that when a daily bath is an impossibility the body may be energetically rubbed with a brush or coarse Turkish towel, and afterwards exposed to the air for fifteen minutes. It is a question whether much of the benefit attributed to water does not arise from the complete exposure of the skin to the air.

TREATMENT OF BOILS.—The *Medical Record* says: Many more or less elaborate methods of treating boils are employed, but the most common one is probably the application of heat by a poultice or one of its more cleanly substitutes, followed by an incision and the forcible evacuation of the pus. When a crop of boils follows, as it often does if poultices are used, resort is had to calcium sulphide or some other form of constitutional treatment, or to the latest refinement of an autogenous vaccine preceded by the estimation of the opsonic index. Jackson's treatment is to puncture the boil, when it points, by a sharpened stick wound round with a little absorbent cotton dipped in 95 per cent. carbolic acid; he then washes the surrounding skin with peroxide of hydrogen or a sublimate solution, and applies a salicylic acid ointment. The result is a cure obtained safely, quickly, and pleasantly, because simply.

HELP THE MOTHER NURSE HER CHILD. A PLEA TO PHYSICIANS NOT TO BEGIN ARTIFICIAL FEEDING WITHOUT FIRST TRYING TO HELP THE MOTHER MAINTAIN HER MILK SUPPLY.—Dr Maurice Ostheimer, of Philadelphia, read this paper at a meeting of the American Medical Association, and drew the following conclusions: 1. The fact that all women were able to nurse their children appeared to be forgotten recently since artificial feeding had proved so successful. 2. Physicians were advised to prepare, encourage, and aid every pregnant woman to nurse her child. 3. During pregnancy it was necessary that attention be paid to breasts, exercise, fresh air, sleep, regular bowel movements, correct food, and plenty of water. 4. After confinement the mother was instructed to take two or three quarts of water daily, cornmeal and gruel between meals, and perhaps milk, cocoa, iron, and brown stout. 5. When this was correctly carried out the mother was enabled to nurse her child to nine or ten months, at the end of which time diluted cow's milk was given from a cup. 6. By this method no bottles or nipples were required. 7. The treatment was only contraindicated in advanced tuberculosis in the mother and in those nervous women who continued to grow stout on it without improvement of their breast milk supply.

CURRENT LITERATURE OF INTEREST TO NURSES

New York Medical Journal, June 12, "Diet as a Prophylactic and Therapeutic," H. W. Wiley; June 19, "Some Practical Lessons from the Study of Weakened Feet," John M. Berry. *Medical Record*, June 5, "Sewage Disposal for Small Towns," Editorial; June 12, "Some Coroners' Cases," Philip F. O'Hanlon; June 19, "The Conquest of the Tropics for the White Race," W. C. Gorgas. *Maryland Medical Journal*, June, "The Prevention of Typhoid Fever," C. W. G. Rohrer.